



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

CONFIRMATION NO. 2190

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/602,897	<b>FILING OR 371(c) DATE</b> 06/24/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> M-1111-CIP (1502-96 PCT C)
<b>APPLICANTS</b> Kurt Haggstrom, Plainville, MA; <b>** CONTINUING DATA *****</b> This application is a CIP of PCT/US03/09687 03/28/2003 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/05/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 19
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> TYCO HEALTHCARE GROUP LP 15 HAMPSHIRE STREET MANSFIELD, MA02048				
<b>TITLE</b> CATHETER WITH OCCLUSION RESISTANT TIP				
<b>FILING FEE RECEIVED</b> 1180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	